

JEFFERSON HEALTH – LEHIGH REGION

ALLIED HEALTH PROFESSIONALS AND ADVANCED PRACTICE CLINICIANS

I. Policy

It is the policy of Jefferson Health – Lehigh Region (“Lehigh Region”) to establish guidelines which govern the credentialing of Advanced Practice Clinicians (APCs) and Allied Health Professionals (AHPs). The Medical Staff has oversight authority for these individuals as delegated by the Medical Staff Governing Body. The Hospital Staff Development Plan may be applied to APCs and AHPs as deemed appropriate by the Medical Staff Governing Body. It is within the power of the Medical Staff Governing Body to limit the number and/or categories of APCs and AHPs within the Lehigh Region.

II. Scope

This policy applies to all aspects of the credentialing and practice of AHPs within the Lehigh Region. This policy does not apply to the credentialing and privileging process for APCs but does define the specific qualifications that the various types of APCs (whether Independent or Supervised, as defined below) must meet and provides a general description of the clinical privileges that may be granted to APCs within the Lehigh Region.

III. Definitions

- A. **Advanced Practice Clinician (APC)** – A Clinician who participates in the provision of patient care through a grant of Clinical Privileges, but who is not a Member of the Medical Staff. There are two types of Advanced Practice Clinicians:
1. **Independent Advanced Practice Clinician (APC)** - A type of Clinician other than a Medical Staff member who is permitted by law and by the Hospital to provide patient care services independently, without direction or collaboration/supervision, within the scope of his or her license and consistent with the Clinical Privileges granted which includes Audiologists, Chiropractors, Neuro Optometrists, Optometrists, Pharmacists, Psychologists, and Social Workers.
 2. **Supervised Advanced Practice Clinician (APC)** - A type of Clinician who provides a medical level of care or performs surgical tasks consistent with granted Clinical Privileges, but who is required by law and/or the Hospital to exercise some or all of those Clinical Privileges under the direction of, or in collaboration with, a Supervising/Collaborating Physician pursuant to a supervision/collaborative arrangement. Supervised APCs include Certified Nurse Midwives (CNMs), and Certified Registered Nurse Anesthetists (CRNAs), Certified Registered Nurse Practitioners (CRNPs), and Physician Assistants (PA-Cs).
- B. **Allied Health Professional (AHP)** - Individuals, other than Medical Staff Members and Advanced Practice Clinicians, who are duly qualified by training, experience, certification, and/or licensure to provide specific patient care services with collaboration and/or supervision of a Medical Staff Member pursuant to a defined Scope of Practice. AHPs are often employed by Medical Staff members (e.g., LPNs, RNs, etc.) and may also include certain classes of Lehigh Region employees as well as certain classes of individuals who may practice in the offices of network owned practices. AHPs are considered to have been appointed to the AHP Staff.

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- C. **Scope of Practice** – The authorization granted to an Allied Health Professional to perform certain clinical activities and functions under the Supervision of, or in collaboration with, a Supervising/Collaborating Physician.
- D. **Supervising/Collaborating Physician** - A Medical Staff Member with Clinical Privileges who has a supervision or collaboration relationship with a Supervised Advanced Practice Clinician or an Allied Health Professional.

IV. APC Credentialing and Privileging

- A. The manner in which APCs are credentialed and granted clinical privileges is set forth in the Jefferson Health – Lehigh Region Credentials Policy. The appendices attached to this Policy address the specific qualifications that each type of APC must meet and maintain on an ongoing basis, however, all such issues are managed under the Credentials Policy.
- B. No APCs shall be granted admitting privileges with the exception of certified nurse midwives.
- C. APC applicants must comply with the credentialing requirements as set forth in the Medical Staff Bylaws Documents.

V. AHP Credentialing

- A. The credentialing process described below applies to AHPs.
 - 1. All Allied Health Professionals shall be required to present appropriate documentation of education, training, experience, certification and/or licensure and shall be professionally qualified as set forth in this policy. Consideration for the granting of a scope of practice shall be based upon the training and experience of the applicant and the needs of the institution.
 - 2. If an applicant seeking a scope of practice is one whose specialty requires licensure and/or certification, the applicant shall be required to provide evidence of such current licensure and/or certification or eligibility for such as a precondition to the granting of scope of practice, and before assisting any practitioners within the confines of the Lehigh Region.
 - 3. Each AHP must maintain and provide proof of current liability coverage in, at least, the minimum amount as required by the Lehigh Region and state law.
 - 4. Each AHP shall maintain and provide proof of licensure, certification, and/or registration as may be required by the Lehigh Region and/or state law.
 - 5. Each AHP must maintain life support certification as defined on "Life Support Requirements by Department/Institute" grid.
 - 6. AHPs may be granted scopes of practice authorizing them to assist in the direct care and evaluation of patients, however, the Supervising/Collaborating Physician has the ultimate responsibility for the care of the patient and responsibility for the professional and practice-related activities of the AHP.
 - 7. The Medical Staff Governing Body of the Hospitals have ultimate authority over the use of such AHPs within the confines of the Lehigh Region.

8. The scope of practice granted to an AHP shall be for no more than two (2) years and must be renewed every two (2) years thereafter.
9. A description of the scopes of practice, qualifications, and requirements for specific classes of Allied Health Professionals are appended to this document.
10. The scope of practice granted to an AHP will be administratively relinquished and the individual will be deemed to have voluntarily resigned if the Supervising/Collaborating Physician(s) cease(s) to be a member of the Medical Staff or if the Supervising/Collaborating Physician(s) cease(s) to supervise the AHP.

B. Assignment to Medical Staff Departments/Institutes

AHPs shall be assigned to the Department/Institute of their Supervising/Collaborating Physician with whom they perform the majority of their responsibilities.

C. Application and Approval Procedure

1. All AHPs desiring to exercise a scope of practice within the Lehigh Region must be appointed to the Allied Health Professional Staff under the supervision of a Supervising/Collaborating Physician.
2. If an AHP is supervised by more than one clinical practice, each clinical practice must make individual application for a scope of practice for that AHP.
3. Application forms and procedure guidelines are available from the Lehigh Region Medical Staff Office. Upon completion, all forms are to be returned to the Medical Staff Office.
4. The following shall be required for all applicants:
 - a. Completed application
 - b. Copy of license and/or certification (where applicable) and proof of insurance
 - c. Three letters of reference
 - d. Where applicable, letter of reference from director of each clinical training program attended by applicant and copies of education diplomas/certificates
 - e. Toxicology screening
 - f. Criminal background checks
 - g. Copy of DEA Certificate (where applicable)
 - h. Copy of driver's license
 - i. Copy of current Curriculum Vitae (CV)
 - j. Copies of continuing education units (where applicable)
 - k. Submission of a recent color photograph for identity verification purposes
 - l. A description of the scope of practice that the applicant wishes to perform. At the end of the application, there should be a signed statement by the applicant's Supervising/Collaborating Physician which states:
 - i. That the Supervising/Collaborating Physician has reviewed the scope of practice and is satisfied that the applicant has had appropriate training to perform the tasks outlined;

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- ii. That the Supervising/Collaborating Physician has reviewed the physical and mental health of the applicant and is satisfied that the applicant can exercise the scope of practice;
 - m. A signed statement by the appropriate hospital representatives which state that they are satisfied that the applicant can perform the scope of practice requested.
- 5. Each AHP applicant, by applying for a scope of practice, expresses his/her willingness to appear for interviews in regard to the application; authorizes the Hospital to consult other health professionals and hospitals with which the applicant has been associated; and consents to the Hospital's inspection of all records and documents that concern the application process. The applicant also releases from any liability all representatives of the Lehigh Region for their acts performed in connection with evaluating the applicant and his/her credentials; and releases from liability all persons and organizations who provide information to the Lehigh Region concerning the applicant's competence, qualifications and education.
- 6. The completed application will be channeled as determined by the Medical Staff Office as follows:
 - a. The application will be referred to the appropriate administrative representative ("Administrator") in the patient care area most appropriate to the requested scope of practice. The Administrator will confer with those persons directly responsible for the area where the applicant will work. The applicant will arrange for an interview with the assigned Administrator.
 - b. After interviewing the applicant and reviewing the scope of practice requested, the appropriate Administrator will recommend approval or disapproval of the applicant. If the Administrator recommends approval, he/she will specify the terms of the scope of practice listed on the application, in his/her opinion, the applicant is capable of performing. The Administrator will forward his/her recommendations to the Credentials Committee via the Medical Staff Office.
 - c. The appropriate Department/Institute Chair/Physician in Chief will review the application and may interview the applicant.
 - d. The Department/Institute Chair/Physician in Chief will recommend approval or disapproval of the applicant. If the Department/Institute Chair/Physician in Chief recommends approval, he/she will specify the scope of practice listed on the application, in his/her opinion; the applicant is capable of performing. The Department/Institute Chair/Physician in Chief will then forward his/her recommendations to the Credentials Committee via the Medical Staff Office.
 - e. The Credentials Committee will review the required completed documents and will recommend approval or disapproval to the Medical Executive Committee.
 - f. The Medical Executive Committee will make its recommendations to the Medical Staff Governing Body who will approve or disapprove the application. If it is approved, the candidate will be notified by mail of its approval and receive a list of the scope of practice that the AHP is authorized to exercise.

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- g. The Medical Staff Office will send copies of the letter and approved scope of practice to the requesting practitioner who supervises and will post the approved scope of practice to the hospital-wide intranet site for access by patient care areas.
 - h. If the applicant is disapproved, the candidate will be notified of this action and copies of this letter will be sent by the Medical Staff Office to the requesting practitioner who supervises the AHP and to the Chair/Physician in Chief of the Department/Institute concerned and the appropriate Administrator.
7. Upon approval of an applicant, the Supervising/Collaborating Physician will arrange for the orientation of the AHP to the Lehigh Region and its policies. The Supervising/Collaborating Physician is responsible for ensuring that the AHP is oriented to specific issues of concern, such as operating room policies and procedures.

D. Recredentialing Process

- 1. Renewal of AHP scopes of practice is a privilege, not a right, and the burden of proof is on the AHP and their Supervising/Collaborating Physician to demonstrate their competence for renewal of scope of practice. The ongoing monitoring of any relevant Quality Assurance and Improvement activities will be considered and AHPs will be requested to respond to any queries resulting from quality assessment activities.
- 2. Competency assessments for AHPs may be conducted annually, however, renewal of scope of practice shall only occur every two (2) years.
- 3. A reapplication form will be sent to each AHP by the Medical Staff Office 120 days prior to the recredentialing date set by the Lehigh Region.
- 4. The renewal form and any supporting documents including evaluations must be returned to the Medical Staff Office within 30 days.
- 5. Renewal of a scope of practice will be processed in the manner described in Section V.C.6 above.

E. Requirements for continued Membership on Allied Health Staff

- 1. Each AHP is required to maintain a current license and/or certificate, if applicable.
- 2. At no time shall any AHP represent, imply, or lead a patient to believe that he/she is a Medical Staff member.
- 3. At all times, each AHP shall wear the hospital-issued photo ID badge with his/her appropriate professional or technical title (e.g., RN, LPN, etc.).
- 4. Medical Staff members serving as Supervising/Collaborating Physicians may not delegate the duty to initiate orders to AHPs.
- 5. The Supervising/Collaborating Physician using the services of an AHP assumes responsibility for that person. Surgical tasks performed by an AHP in the Hospital's operating rooms must be

directed and supervised by the surgeon in charge of the operation. It is the responsibility of the Supervising/Collaborating Physician to ensure that the AHP is kept current in all the tasks included within the granted scope of practice.

6. AHPs will not, under any circumstances, perform any tasks at the Lehigh Region that are not contained in their approved scope of practice, which may be designated with certain levels of supervision as noted therein.
7. All AHPs granted a Lehigh Region scope of practice must adhere to and abide by all rules and regulations as set forth by the appropriate state board, state law or other regulatory agencies.
8. If a life-threatening emergency situation arises, the AHP shall simultaneously attempt to obtain assistance and supervision from a member of the Medical Staff and attempt to stabilize the patient in order to remove him/her from the life-threatening condition.
9. All approved AHPs working in the O.R. area will receive orientation to the O.R. Rules and Regulations and Dress Code.
10. If an AHP fails to work within their granted scope of practice or does not comply with the rules and regulations of the Lehigh Region, the Chair/Physician in Chief of the respective Department/Institute will confer with the Supervising/Collaborating Physician. Recommendation regarding corrective action up to and including termination may be taken.
11. It is the responsibility of each AHP to inform the Medical Staff Office of a separation from their group practice, change in Supervising/Collaborating Physician, or a change in any supervision agreement. Failure to do so may result in corrective action and/or unfavorable letters of reference from the Lehigh Region.

VI. Attachments

A. Independent APC Qualifications and Privilege Descriptions

Appendix I - Audiologist
Appendix II - Chiropractor
Appendix III - Neuro Optometrist
Appendix IV - Optometrist
Appendix V - Pharmacist
Appendix VI - Psychologist
Appendix VII - Social Worker

B. Supervised APC Qualifications and Privilege Descriptions

Appendix VIII - Certified Nurse Midwife (CNM)
Appendix IX - Certified Registered Nurse Anesthetist (CRNA)
Appendix X - Certified Registered Nurse Practitioner (CRNP)
Appendix XI - Physician Assistant-Certified (PA-C)

C. AHP Qualifications and Scope of Practice Descriptions

Appendix XII - Certified Genetic Counselor
Appendix XIII - Clinical Nurse Specialist
Appendix XIV - Dental Assistant
Appendix XV - Dental Hygienist

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Appendix XVI - Orthopedic Technologist Certified (Non-Employed)
Appendix XVII - Perfusionist (Non-Employed)
Appendix XVIII - Registered Dietician
Appendix XIX - Registered Nurse (Non-Employed)
Appendix XX - Registered Nurse First Assistant
Appendix XXI - Registered Radiology Assistant
Appendix XXII - Surgical Technologist/Surgical First Assistant/Surgical Technician (Non-Employed)

VII. Policy Responsibility

Vice President, Lehigh Region Medical Staff Office

VIII. Disclaimer Statement

This Policy shall be read in conjunction with any relevant Medical Staff Bylaws Documents and Rules and Regulations. In the event of any inconsistency, the following order of priority shall govern all issues of interpretation: Hospital(s) Bylaws, Medical Staff Bylaws Documents (which includes the Medical Staff Bylaws, the Credentials Policy, and the Organization Manual), the Medical Staff Rules and Regulations, Allied Health Professionals and Advanced Practice Clinicians Policy, Hospital Policies and Procedures, Department/Institute, Division, Section Rules and Regulation. For advice in these circumstances, consult with the department of Legal Services.

IX. Dates

Origination: June 1989

Reviewed/Revised: October 2003, March 2006, April 2007, August 2007, February 2009, May 2026

MEC Approval: April 11, 2006, July 11, 2006, May 1, 2007, August 7, 2007, April 7, 2009, November 1, 2011, April 2, 2013, November 5, 2013, February 4, 2014, July 1, 2014, December 2, 2014, December 1, 2015, April 5, 2016, June 7, 2016, June 5, 2018, December 4, 2018, August 27, 2021, November 1, 2022, January 3, 2023, June 4, 2024, July 4, 2024, February 4, 2025, November 4, 2025, May 19, 2026

INDEPENDENT APC

APPENDIX I - AUDIOLOGIST

Required Education

- Successful completion of an accredited audiology program.

Credentials

- Audiologist licensure in the Commonwealth of Pennsylvania.
- Obtain and maintain continuous certification from the American Speech-Language-Hearing Association.

Privileges

- May exercise privileges as identified on the audiologist privilege sheet.

INDEPENDENT APC

APPENDIX II - CHIROPRACTOR

Required Education

- Successful completion of a chiropractic training program.

Credentials

- Chiropractor licensure in the Commonwealth of Pennsylvania.

Privileges

- May exercise privileges as identified on the chiropractor privilege sheet.

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INDEPENDENT APC

APPENDIX III – NEURO OPTOMETRIST

Required Education

- Successful completion of an accredited optometry program.
- Must complete three (3) years of direct clinical experience in Vision Therapy to proceed for COVD certification.

Credentials

- Optometrist licensure in the Commonwealth of Pennsylvania and/or State of New Jersey.
- Fellowship in College of Optometrists in Vision Development (FCOVD) or Fellowship in Neuro-optometric Rehabilitation Association (FNORA) or American Board of Optometry certification Plus membership in either COVD or NORA.

Privileges

- May exercise privileges as identified on the neuro optometrist privilege sheet.

INDEPENDENT APC

APPENDIX IV – OPTOMETRIST

Required Education

- Successful completion of an accredited optometry program.

Credentials

- Optometrist licensure in the Commonwealth of Pennsylvania.
- Must obtain Board Certification by the American Board of Optometry within three (3) years of completing training program.
- If out of the program longer than three (3) years, must obtain Board Certification within two (2) years of initial grant of clinical privileges.
- Obtain and maintain continuous certification from the American Board of Optometry.

Privileges

- May exercise privileges as identified on the optometrist privilege sheet.

INDEPENDENT APC

APPENDIX V – PHARMACIST

Required Education

- Successful completion of a Pharmacy program from an Accredited College of Pharmacy

Credentials

- Licensed in the Commonwealth of Pennsylvania State Board of Pharmacy
- Comply with the rules and regulations of the State Board of Pharmacy

Privileges

- May exercise privileges as identified on the Pharmacist privilege sheet.

INDEPENDENT APC

APPENDIX VI - PSYCHOLOGIST

Required Education

- Successful completion of a doctoral degree (e.g., Ph D, EdD or PsyD) program.
- For candidates applying after November 21, 1985, applicants must provide evidence of a doctoral degree (e.g., Ph.D., Ed.D. or Psy.D.) in clinical and/or counseling psychology from an accredited educational institution. Doctoral degrees in other areas of specialty (e.g., neuropsychology) may be considered if they meet the other criteria here specified and if the degree is deemed to meet a specific need of the Lehigh Region.

Credentials

- Psychologist licensure in Commonwealth of Pennsylvania.

Privileges

- May exercise privileges as identified on the psychologist privilege sheet.

"Grandfather Clause"

- Those Psychologists already on staff prior to November 21, 1985, may remain within the Department of Psychiatry and will be allowed to continue performing previously designated privileges so long as they maintain a current license and liability coverage as stated in this policy.

INDEPENDENT APC

APPENDIX VII - SOCIAL WORKER

Required Education

- Successful completion of a graduate education program in preparation for licensure as required by Pennsylvania Code Title 49 Professional and Vocational Standards Department of State Chapters 47, 48, and 49. State Board of Social Workers, Marriage and Family Therapists and Professional Counselors.

Credentials

- Licensed in the Commonwealth of Pennsylvania as a Licensed Clinical Social Worker (LCSW), License Professional Counselor (LPC), or Licensed Marriage or Family Therapists (LMFT).
- Complies with rules and regulations of PA Code Title 49 Professional and Vocational Standards Department of State Chapters 47, 48 and 49 as per licensure requirements.

Privileges

- May exercise privileges as identified on the LCSW, LPC, LMFT privilege sheet.

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SUPERVISED APC

APPENDIX VIII - CERTIFIED NURSE MIDWIFE (CNM)

Supervising Medical Staff Member(s)

- Must have a primary Supervising/Collaborating Physician appointed to the Medical Staff who has hospital privileges in Department of Obstetrics and Gynecology and has entered into a collaborative agreement with a midwife.

Required Education

- Successful completion of a nurse midwifery program.

Credentials

- Registered Nurse and Nurse Midwife licensure in the Commonwealth of Pennsylvania.
- Obtain and maintain continuous certification by the American Midwifery Certification Board (AMCB).
- Comply with the rules and regulations of State Board of Nursing.
- Obtain and maintain life support as defined on "Life Support Requirements by Department" grid.
- Obtain and maintain continuous DEA certification

Privileges

- May exercise privileges as identified on the Certified Nurse Midwife privilege/protocol sheet.
- May exercise prescriptive privileges in compliance with State regulations and within the scope of their practice as defined on the Certified Nurse Midwife privilege/protocol sheet.
- All verbal and telephone orders must be signed within seven (7) days in accordance with hospital policy.

SUPERVISED APC

APPENDIX IX - CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

Supervising Medical Staff Member/Supervision

- Provide anesthesia services in conjunction with and under the supervision of the attending anesthesiologist who shall function as the Supervising/Collaborating Physician.

Required Education

- Successful completion of a nurse anesthetist educational program

Credentials

- Registered Nurse licensure in the Commonwealth of Pennsylvania and/or State of New Jersey.
- Obtain and maintain continuous certification by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).
- Comply with the rules and regulations of the State Board of Nursing.
- Obtain and maintain life support as defined on " Life Support Requirements by Department" grid.

Privileges

- May exercise privileges as identified on the Certified Nurse Anesthetist privilege sheet.

SUPERVISED APC

APPENDIX X - CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)

Supervising/Collaborating Physician

- Must have a supervising/collaborating Medical Staff member.
- Provide a copy of protocols for functioning at the Lehigh Region which are signed by the Supervising/Collaborating Physician and CRNP.

Required Education

- Successful completion of a nurse practitioner program.

Credentials

- Registered Nurse and Nurse Practitioner licensure in the Commonwealth of Pennsylvania and/or State of New Jersey.
- Comply with the rules and regulations of State Board of Nursing
- Obtain and maintain continuous DEA certification and/or Controlled Dangerous Substance
- Obtain and maintain life support as defined on "Life Support Requirements by Department" grid
- Obtain and maintain continuous certification as a Nurse Practitioner by one of the following bodies (unless grandfathered and initial requirement waived):

American Academy of Nurse Practitioners (AANP)
American Nurses Credentialing Center (ANCC)
National Certification Corporation (NCC)
Oncology Nursing Certification Corporation (ONCC)
Pediatric Nursing Certification Board (PNCB)
American Association of Critical Care Nurses (AACN)

Privileges

- May exercise privileges as identified on the applicable CRNP privilege sheet.
- May exercise prescriptive privileges in compliance with State regulations, the Lehigh Region credentialing criteria and hospital approval process.
- All verbal and telephone orders must be signed by the nurse practitioner within seven (7) days.

SUPERVISED APC

APPENDIX XI - PHYSICIAN ASSISTANT-CERTIFIED (PA-C)

Supervising Medical Staff Member

- Must have a primary Supervising/Collaborating Physician appointed to the Medical Staff.

Required Education

- Successful completion of a physician assistant program.

Credentials

- Physician Assistant licensure in the Commonwealth of Pennsylvania and/or State of New Jersey.
- Obtain and maintain continuous certification by the National Commission on Certification of Physician Assistants (NCCPA).
- Obtain and maintain continuous DEA Certification and/or Controlled Dangerous Substance.

Privileges

- May exercise privileges as identified on the applicable Physician Assistant privilege sheet.
- All verbal and telephone orders must be signed by the Physician Assistant within seven (7) days.
- Guidelines for Co-Signatures in the Ambulatory Practices:
 1. For the first twelve (12) months the Physician Assistant is practicing post-graduation and after obtaining licensure
 2. For the first twelve (12) months the Physician Assistant is practicing in a new specialty
- Using the above guidelines, the PA-C/Supervising Physician can then apply to the State to get a reduction in signing of medical records.

AHPs

APPENDIX XII - CERTIFIED GENETIC COUNSELOR

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Required Education

- Successful completion of a genetic counseling program.

Credentials

- Licensure in the Commonwealth of Pennsylvania
- Obtain and maintain continuous certification by the American Board of Genetic Counseling.

Scope of Practice

1. May perform functions as identified on the certified genetic counselor scope of practice sheet as maintained by the Medical Staff Office.
2. The holder of a temporary provisional genetic counselor license who fails to pass the examination within two examination cycles, shall immediately cease practicing and voluntarily relinquish scope of practice and AHP membership.
3. Failure to maintain continuous Genetic Counselor certification will result in voluntary relinquishment of scope of practice and AHP membership.

AHPs

APPENDIX XIII – CLINICAL NURSE SPECIALIST

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Required Education

- Completion of a master's/post-master's or doctorate degree in an accredited nursing program with emphasis in his or her specialty area.

Credentials

- Current certification by a nationally accredited professional nursing organization
OR
Successfully passed the certification exam of the American Nurses Credentialing Center, or other certifying organizations approved by the Pennsylvania Board of Nursing relative to the CNS's designated specialty.
- Current RN License in State of PA with CNS Certification
- Applicant must have provided clinical services in the specific privileges requested during the past 24 months.
- Will function in joint collaboration with the physician or physician group with which she/he is associated.
- Supervision Level:
SUPERVISION - The control and personal direction exercised by the supervising physician over the medical services provided by an allied health professional. Constant physical presence of the supervising physician is not required so long as the supervising physician and the allied health professional are, or can easily be, in contact with each other by radio, telephone or telecommunications. Supervision requires the availability of the supervising physician to the allied health professional.

Scope of Practice

- May perform functions as identified on the clinical nurse specialist scope of practice sheet as maintained by the Medical Staff Office. Failure to maintain continuous certification will result in voluntary relinquishment of scope of practice and AHP membership.

AHPs

APPENDIX XIV – DENTAL ASSISTANT

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Required Education

- High School Diploma or equivalent required
AND
Completion of a training program in Dental Assisting or acquire equivalent experience through on the job training in dental practice setting
AND
Must be able to wear latex or vinyl gloves.

Credentials

- Meet all requirements for Allied Health Professional credentialing, per Lehigh Region operating policies, including but not limited to verification of fitness for duty, immunization, and communicable disease status.
- Participates in trainings required by the funding source and/or as required by their practice area in the applicable State(s).
- Verification of current clinical competence is achieved via training, education, reference reviews, and supervisory performance reviews.
- Must have a supervising physician in the same practice specialty. Functions in joint collaboration with the physician or physician group with which associated.
- Supervision Levels:
 - DIRECT SUPERVISION - The physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the allied health professional when needed.
 - SUPERVISION - The control and personal direction exercised by the supervising physician over the medical services provided by an allied health professional. Constant physical presence of the supervising physician is not required so long as the supervising physician and the allied health professional are, or can easily be, in contact with each other by radio, telephone or telecommunications. Supervision requires the availability of the supervising physician to the allied health professional.
 - SUPERVISING PHYSICIAN IN ATTENDANCE - Physician presence of Supervising Physician in room.

Scope of Practice

- May perform functions as identified on the dental assistant scope of practice sheet as maintained by the Medical Staff Office. Failure to maintain continuous certification will result in voluntary relinquishment of scope of practice and AHP membership.

AHPs

APPENDIX XV – DENTAL HYGIENIST

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Required Education

- Completion of a training program in Dental Hygiene
AND
Must be able to hear (needs to be able to communicate with other staff while all are wearing masks and while hands are occupied)
AND
Must be able to wear latex or vinyl gloves.

Credentials

- Meet all requirements for Allied Health Professional credentialing, per Lehigh Region operating policies, including but not limited to verification of fitness for duty, immunization, and communicable disease status.
- Participates in trainings required by the funding source and/or as required by their practice area in the applicable State(s).
- Verification of current clinical competence is achieved via training, education, reference reviews, and supervisory performance reviews.
- Must have a supervising physician in the same practice specialty. Functions in joint collaboration with the physician or physician group with which associated.
- Supervision Levels:
 - DIRECT SUPERVISION - The physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the allied health professional when needed.
 - SUPERVISION - The control and personal direction exercised by the supervising physician over the medical services provided by an allied health professional. Constant physical presence of the supervising physician is not required so long as the supervising physician and the allied health professional are, or can easily be, in contact with each other by radio, telephone or telecommunications. Supervision requires the availability of the supervising physician to the allied health professional.
 - SUPERVISING PHYSICIAN IN ATTENDANCE - Physician presence of Supervising Physician in room.

Scope of Practice

- May perform functions as identified on the dental hygienist scope of practice sheet as maintained by the Medical Staff Office. Failure to maintain continuous certification will result in voluntary relinquishment of scope of practice and AHP membership.

AHPs

APPENDIX XVII - ORTHOPEDIC TECHNOLOGIST CERTIFIED (NON-EMPLOYED)

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Credentials

- Obtain and maintain continuous certification by the National Board for Certification of Orthopedic Technologists.

Scope of Practice

- May perform functions as identified on the orthopedic technologist certified scope of practice sheet as maintained by the Medical Staff Office. Failure to maintain continuous certification will result in voluntary relinquishment of scope of practice and AHP membership.

AHPs

APPENDIX XVII - PERFUSIONIST (NON-EMPLOYED)

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Required Education

- Successful completion of a cardiovascular perfusion training program.

Credentials

- Perfusionist licensure in the Commonwealth of Pennsylvania.
- Obtain and maintain continuous certification by the American Board of Cardiovascular Perfusion.
- For new graduates - obtain temporary state licensure from the Commonwealth of Pennsylvania and pass the ABCP examination within two years from start date of employment.

Scope of Practice

- May perform functions as identified on the perfusion scope of practice sheet as maintained by the Medical Staff Office. Failure to maintain continuous certification or not successfully pass the ABCP examination within the two-year period will result in voluntary relinquishment of scope of practice and AHP membership.

AHPs

APPENDIX XVIII - REGISTERED DIETITIAN

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Required Education

- Successful completion of an Accreditation Council for Education in Nutrition and Dietetics (ACEND) approved program. Upon completion of program, successful completion of the Commission on Registered Dietitians; Commission on Dietetic Registration (CDR) exam to become a Registered Dietitian.

Credentials

- Licensed in the Commonwealth of Pennsylvania.
- Obtain and maintain continuous certification by CDR.
- Comply with the rules and regulations of the Pennsylvania State Board of Nursing and the Academy of Nutrition and Dietetics Standards of Professional Performance for Registered Dietitians

Scope of Practice

- May perform functions as identified on the Registered Dietitian scope of practice sheet as maintained by the Medical Staff Office. Failure to maintain continuous certification and licensure will result in voluntary relinquishment of scope of practice and AHP membership.

AHPs

APPENDIX XIX - REGISTERED NURSE (NON-EMPLOYED)

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Required Education

- Successful completion of a nursing program.

Credentials

- Registered Nurse licensure in the Commonwealth of Pennsylvania.
- Comply with the rules and regulations of State Board of Nursing.

Scope of Practice

- May perform functions as identified on the registered nurse scope of practice sheet as maintained by the Medical Staff Office.

AHPs

APPENDIX XX - REGISTERED NURSE FIRST ASSISTANT

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Required Education

- Successful completion of registered nurse first assistant program.

Credentials

- Registered Nurse licensure in the Commonwealth of Pennsylvania.
- Obtain and maintain continuous certification by Competency and Credentialing Institute.
- Comply with the rules and regulations of the State Board of Nursing.

Scope of Practice

- May perform functions as identified on the registered nurse first assistant scope of practice sheet as maintained by the Medical Staff Office. Failure to maintain continuous certification will result in voluntary relinquishment of scope of practice and AHP membership.

AHPs

APPENDIX XXI - REGISTERED RADIOLOGY ASSISTANT

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Required Education

- Complete ARRT approved radiologist assistant educational program.
- Masters' or doctoral degree (bachelors' degree meets the education requirement for individuals who started earning their R.R.A. certificate before January 1, 2023).

Credentials

- Certified and registered with ARRT in Radiology.
- Have at least one year of acceptable clinical experience in radiology.

Scope of Practice

- May perform functions as identified on the registered radiology assistant scope of practice sheet as maintained by the Medical Staff Office. Failure to maintain continuous certification will result in voluntary relinquishment of scope of practice and AHP membership.

AHPs

**APPENDIX XXII - SURGICAL TECHNOLOGIST/
SURGICAL FIRST ASSISTANT/SURGICAL TECHNICIAN (NON-EMPLOYED)**

Supervising Medical Staff Member

- Must have a primary supervising Medical Staff member.

Required Education

May be one of the following trained individuals:

Certified Surgical Technologist and/or Certified Surgical First Assistant

- Successful completion of a surgical technology and/or surgical first assistant program.

Certified Surgical Technician

- Successful completion of a surgical technician program.

Credentials

Certified Surgical Technologist and/or Certified Surgical First Assistant

- Obtain and maintain continuous certification by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).

Certified Surgical Technician

- Obtain and maintain continuous certification by the National Center for Competency Testing (NCCT).

Scope of Practice

- May perform functions as identified on the certified surgical technologist/surgical first assistant/surgical technologist/ surgical technician scope of practice sheet as maintained by the Medical Staff Office. Failure to maintain continuous certification will result in voluntary relinquishment of scope of practice and AHP membership.